

**MARINE FIREMEN'S UNION TRAINING PLAN**  
240 Second Street, San Francisco, CA 94105  
Telephone (415) 362-4592 • Fax: (415) 348-8864 • Email: sserrano@mfoww.org

## 2020 TRAINING APPLICATION

Complete all sections and sign at bottom of application. Return with all applicable documents. A copy of the member's Merchant Mariner's Credential (all relevant pages) and current STCW Certificate must accompany this application.

*Select one. Please submit a separate application for each course.*

- |   |   |
|---|---|
| <input type="checkbox"/> STCW Basic Training-Revalidation (1 or 2 days) | <input type="checkbox"/> STCW Basic Training-Refresher (3 days)           |
| <input type="checkbox"/> Military Sealift Command Training (TRL)        | <input type="checkbox"/> High Voltage Safety (TRL)                        |
| <input type="checkbox"/> QMED Fireman/Oiler/Watertender (TRL)           | <input type="checkbox"/> STCW Rating Forming Part of an Engineering Watch |
| <input type="checkbox"/> QMED Electrician/Refrigerating Engineer (TRL)  | <input type="checkbox"/> STCW Able Seafarer-Engine (TRL)                  |
| <input type="checkbox"/> QMED Pumpman/Machinist (TRL)                   |   |

COURSE START DATE \_\_\_\_\_

NAME \_\_\_\_\_ BK/JM# \_\_\_\_\_ SS# \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_  
Street City State Zip Code

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

DUES PAID THROUGH \_\_\_\_\_ LAST VESSEL & DISCHARGE DATE \_\_\_\_\_

ENDORSEMENTS \_\_\_\_\_ CLOSEST MAJOR AIRPORT TO YOUR HOME \_\_\_\_\_

*Review and acknowledge all boxes:*

- I am Fit for Duty and meet the MFOW Welfare Fund eligibility requirements through Covered Employment.
- I understand that acceptance is based on eligibility requirements and the date the application is received by the Training Plan.
- I understand that, once confirmed, cancellation or failure to complete a course without a valid excuse approved by the Training Plan may result in reimbursement to the Plan of airline, hotel or tuition penalties.
- Lodging is provided by the Training Plan at no cost to the member. If I elect lodging other than that provided by the Training Plan, I will do so at my own expense.
- I hereby certify that all of the above statements are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

### PLAN OFFICE USE ONLY

TUITION _____	SUBSISTENCE _____
TRANSPORTATION (AIR/GROUND) _____	TRANS. COST _____
DEPART _____	RETURN _____
LODGING _____	LODGING COST _____